

Data Collection Questionnaire

Jurisdiction Name
Event Name and Date

Name: _____ Phone: _____
Day: _____
Address: _____ Evening: _____

Length of residence at this
address: _____
Email: _____

Did you have water in your house (Date): Yes: _____ No: _____
If so, was it:
Sewer backup from basement floor drain: Yes: _____ No: _____
Ground water from sump pump pit: Yes: _____ No: _____
If so: Did your sump pump fail: Yes: _____ No: _____
OR Was your sump pump able Yes: _____ No: _____
to kipp up with the flow: _____

Did you get surface water from flooding in yard: Yes: _____ No: _____
If yes:
How did it get in the house:
Window Well _____
Basement Door _____
1st Flood Door _____
Garage Door _____
Patio Door _____
Other - please specify _____

Was your yard flooded: North _____ South _____ East _____ West _____

Was your street flooded: Yes _____ No _____
If corner house, which steet: Front _____ Side _____

Have you ever had floodwater in your home before: Yes: _____ No: _____
If yes, please explain:
Date: _____
What occurred: _____

What floor(s) were flooded:

Basement	_____	Depth of Water	_____
Garage	_____	Depth of Water	_____
First Floor	_____	Depth of Water	_____

Do you have (check all that apply):

Homeowners insurance:	_____
Renters insurance:	_____
Sewer backup insurance:	_____
Sump pump insurance	_____
Flood insurance:	_____

Do you have pictures of other documentation of the flooding:

Yes: _____ No: _____

If yes, may we contact you to get copies:

Yes: _____ No: _____

Residence Information:

Own _____ Rent _____

Single-Family _____ Multi-Family _____ Apartment _____ Duplex _____ 2-Flat _____

Type of home:

Single story (no basement)	_____
Single story (with basement)	_____
Bi-Level (no basement)	_____
Bi-Level (with basement)	_____
Tri-Level (no basement)	_____
Tri-Level (with basement)	_____
Other (describe)	_____

Did the residence sustain obvious/visible structural damage:

Yes: _____ No: _____

If yes, briefly describe the damage:
